

AJC Address:

Fax:

eMail:

## AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Worker's Name

State ID

AJC Location

Worker's Mailing Address

City

State

Zip Code

Phone Number

Employer's Name

Doing Business As

Mailing Address

City, State, Zip Code

Employer's Physical Address

(Street)

City, State, Zip Code

Employer's Phone

(With Area Code)

Date worker last **PHYSICALLY** worked and earned wages for 30 or more hours with the above mentioned employer (DO NOT include Vacation, Holiday or Sick Leave hours)

Number of hours physically worked during last full week

(30 hrs or more excluding overtime)

Rate of pay per hour during last full week

I, \_\_\_\_\_, understand that the law provides severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked. Therefore, I solemnly swear that the information contained on this form, to the best of my knowledge and belief, is true and correct.

Worker's Signature

Date

Agency Representative's Signature

Date

Print Agency Representative's Name

